

Name
in
FullJas. ~~Harold~~ Bennett

CERTIFICATE OF DEATH

Town

County

Died at *Mt. L. Park*

MARYLAND

Date
of death

1900

Month

March

Day

26

Years

Age One hour 1/2

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Mt. L. Park

Occupation

Where Residing if not
at place of death~~Married, Single~~
~~or Widowed~~Name of Wife or
Husband

L. Lilia Ellen

Father's
Name

Jas. Lawrence Bennett

Father's
Birthplace

W. V. A

Mother's
Maiden Name

L. Lilia Ellen Michaels

Mother's
Birthplace

Garretts Co

Name of person giving
Information

Mrs. Amanda V. Michels

How related
to deceased

Grand Mother

CAUSES OF DEATH

151

Primary

Premature birth

How long

One hour & 1/2

Immediate

Asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. W. Thomas

Address

Oakland Md.

Accident or Suicida

X

Toner

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

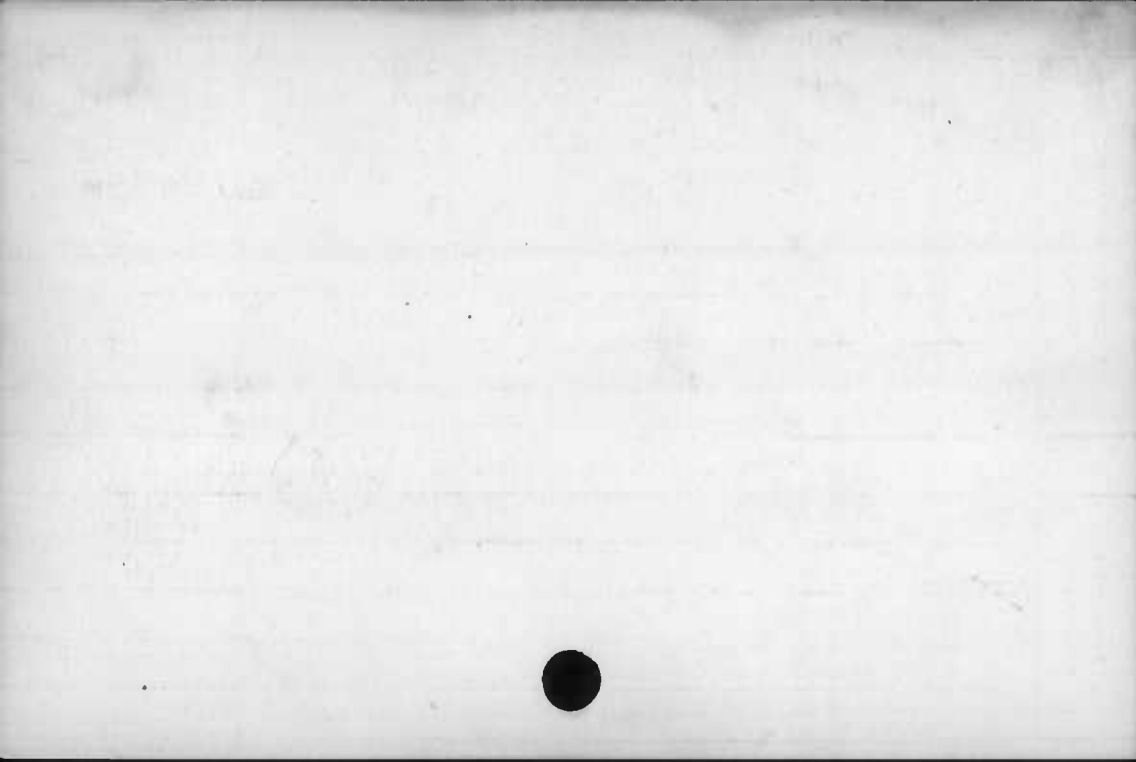
Died at <i>Columbia, or Weter</i>		County <i>Garnett</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>March</i>	Day <i>7</i>	Age <i>16</i>	Years <i>16</i>	Months <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Columbia</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <input checked="" type="checkbox"/>			Name of Wife or Husband		
Father's Name <i>Nelson S. Clay</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Alma Adeline Crane</i>			Mother's Birthplace <i>West Va</i>		
Name of person giving information <i>Nelson S. Clay</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 mos</i>
Immediate <i>Meningitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. W. McComas</i>
<i>Chas. A. Fowler</i>	Address <i>Tower</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

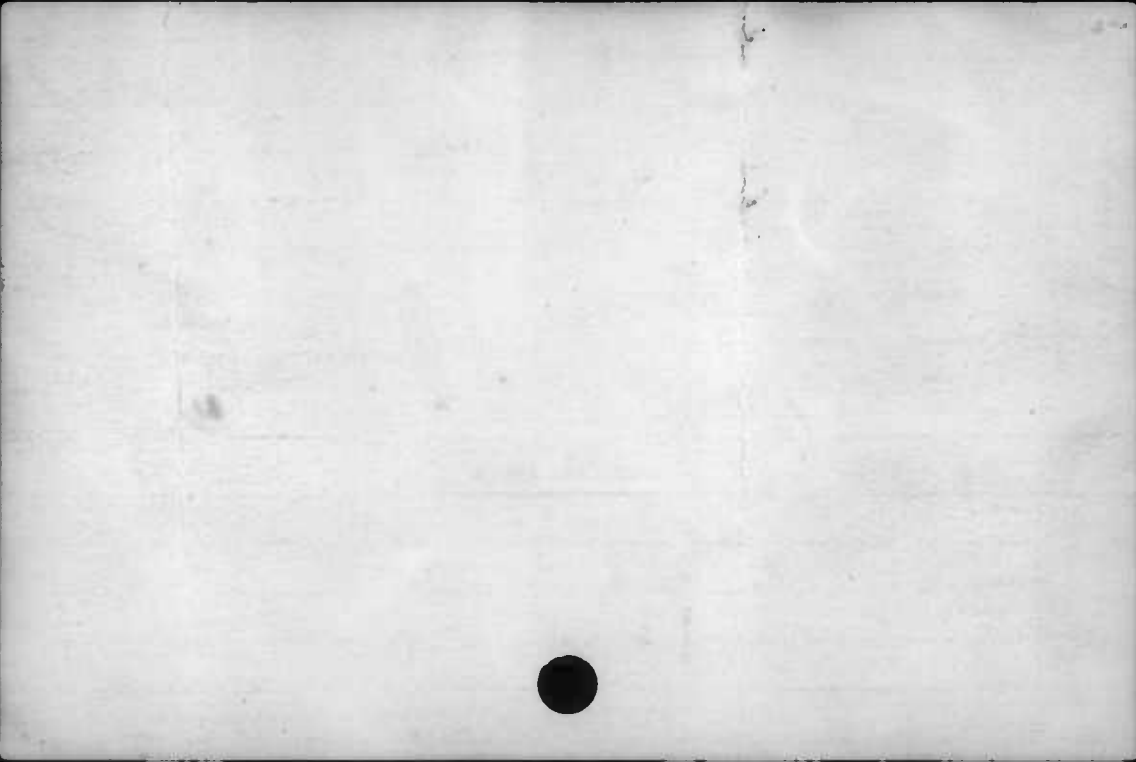
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary R. Corddington</i>		Town <i>Friendville</i>		County <i>Larrette</i>		MARYLAND	
Died at		Date of death <i>1900</i>		Month <i>Mar</i>		Day <i>Second</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>74</i>		Months <i>2</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death		Birth-place <i>Elkshen Co. Mo</i>		Days <i>19</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband		Father's Name <i>Alfred R. Ryland</i>		Father's Birthplace <i>Elkshen Co. Mo</i>	
Mother's Maiden Name <i>Hanna Collier</i>		Name of person giving information <i>S. H. Ryland</i>		Mother's Birthplace <i>Penn</i>		How related to deceased <i>Bro</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Unknown</i>	How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>None in attendance</i>	
		Address <i>W. W. Savage</i>	
	Accident or Suicide?	<i>Sub-Registration</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Frances Cooper* Town *Newland* County *Garrett*

Died at *Newland*

Date of death *1960* Month *March* Day *14* Age *60* Months *—* Days *—*

Sex *Female* Color or Race *White* Birthplace *Virginia*

Occupation *Spinster* Where Residing if not at place of death *District Co. 14*

Married, Single or Widowed *Single* Name of Wife or Husband *Not Married*

Father's Name *Abraham Cooper* Father's Birthplace *Virginia*

Mother's Maiden Name *Rachel Murphy* Mother's Birthplace *Virginia*

Name of person giving Information *John Kennedy* How related to decedent *to Relation*

CAUSES OF DEATH

Primary *La Grippe* How long *10* *5 days*

Immediate *"* How long *"*

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

Address

M. C. Hinchey
Edward J. Fesh

Accident or Suicide

*District Registrar*PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

(Hersch Harger)

CERTIFICATE OF DEATH

Died at		Town <i>Grantonville</i>		County <i>Hagerst</i>		MARYLAND	
Date of death		19 <i>80</i>	Month <i>March</i>	Day <i>2nd</i>	Age <i>73</i>	Years	Months <i>9</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Elk Lick Pa</i>		Days <i>10</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Grantonville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Edward Hershberger</i>					
Father's Name <i>John Brachy</i>		Father's Birthplace <i>Grantonville</i>					
Mother's Maiden Name <i>Christina Livingston</i>		Mother's Birthplace <i>Elk Lick Pa</i>					
Name of person giving Information <i>Anna Miller</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

Primary	<i>Chronic Nephritis</i>	How long <i>3 Months</i>
Immediate	<i>Suppression urine</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>J. H. Miller</i>		Signature of Physician <i>A. T. Robinson</i>
Address <i>Grantonville Md.</i>		
Accident or Suicide <i>No</i>		

W. A. 1/2



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mt Lake Park* ^{Town} *Gaithersburg* ^{County}

Date of death *1960* Month *March* Day *16* Age *50* Years Months Days

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Adam Long*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Adam Long* How related to deceased *✓*

CAUSES OF DEATH

42 ✓

PHYSICIAN
OR CORONER

Primary *Carcinoma uteri* How long *six months*

Immediate *Exhaustion* How long *short time*

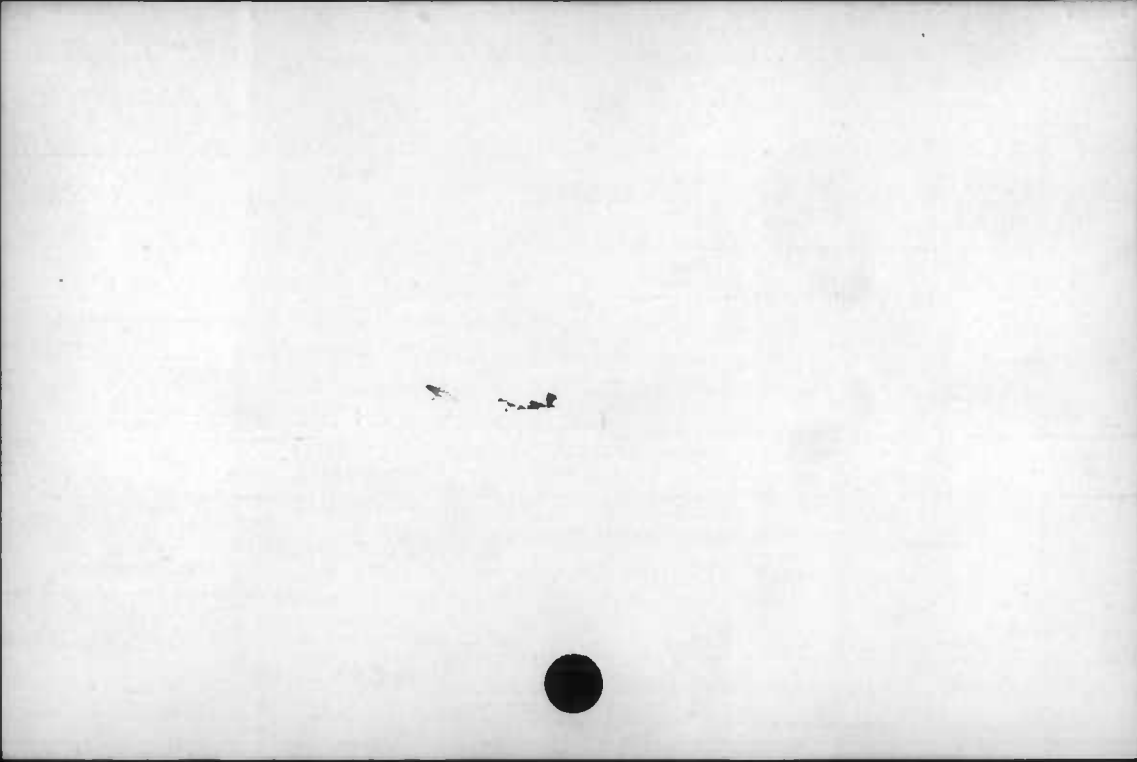
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Tower

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Kitzmillerville Town Garrett CountyDate of death 1910 Month Mar. Day 18 Age 1 Years Months 7 Days 6Sex Male Color or Race White Birth-place Kitzmillerville, Md.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____Father's Name Andrew Marshall Father's Birthplace HungaryMother's Maiden Name Mary Hausenquist Mother's Birthplace HungaryName of person giving information Andrew Marshall How related to deceased Father

CAUSES OF DEATH

Primary Lobar Pneumonia

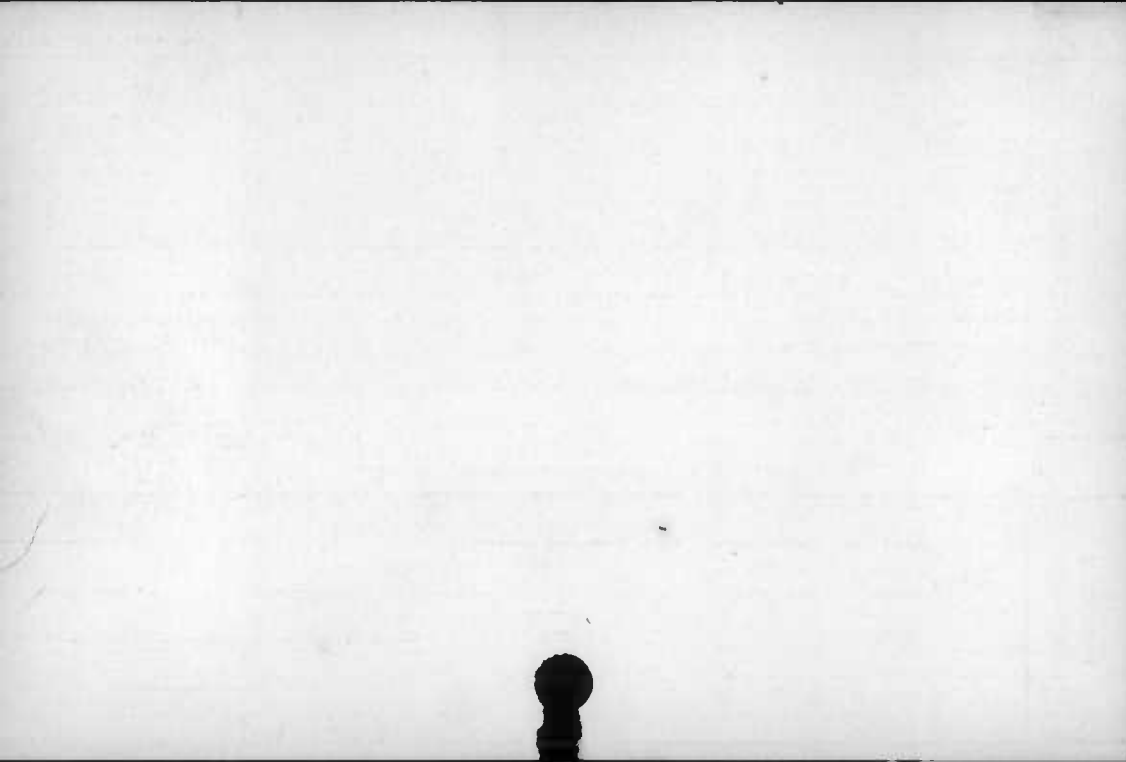
Immediate _____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide? NoPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Audrey Milner</i>		Town <i>Dadeau</i>		County <i>Garrett</i>		MARYLAND	
Died at		Date of death <i>1910</i>		Age <i>26</i>		Months <i>-</i>	
Month <i>Mar.</i>		Day <i>4</i>		Years <i>26</i>		Days <i>-</i>	
Sex <i>Female</i>		Color or Race <i>Austrian</i>		Birth-place <i>Austria</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Dadeau</i>					
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>H. P. Upeland, M. D.</i>		How related to deceased <i>12</i>					

CAUSES OF DEATH

Primary

Unknown

(92)

How long

E. S. Hail
Registrar, S.
Garrett

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

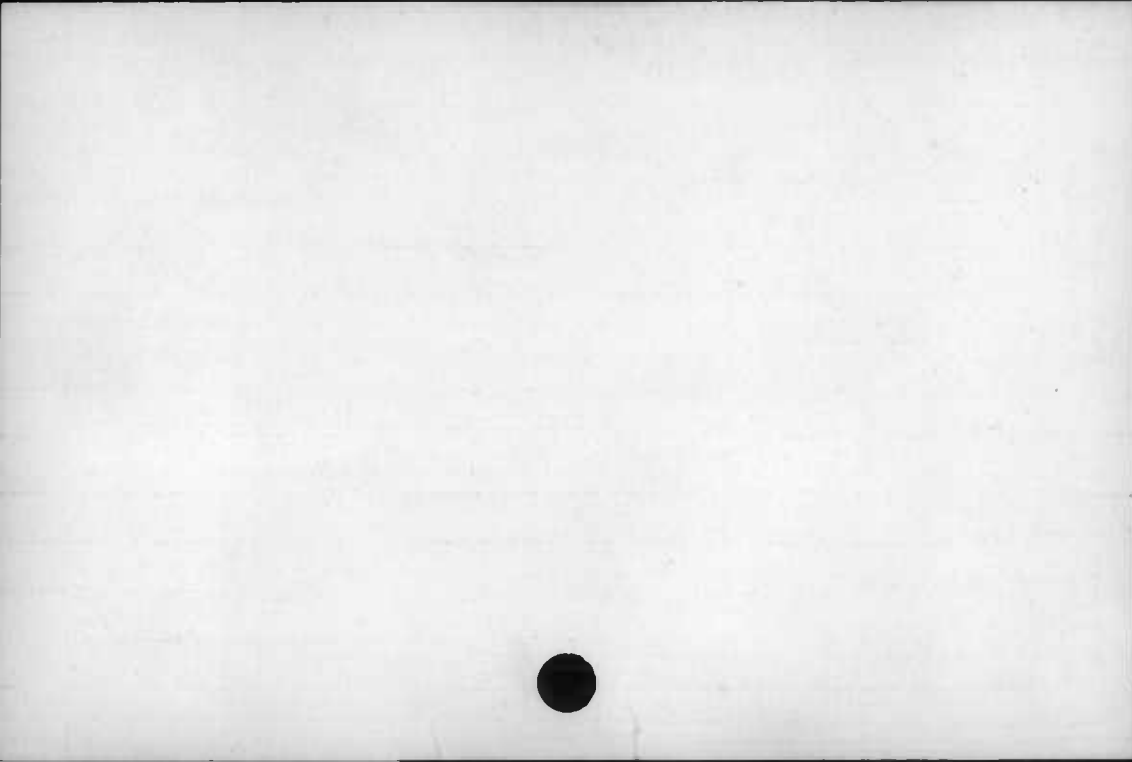
Yes

Signature of Physician

Address

Mrs. Frank Laughlin, Jr.
Fitzmiller
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Franklin Minnick
Tinsel Town Garrett County

MARYLAND

Died at Tinsel
Date of death 1900 March 26 Age 37 Months 10 Days 28

Sex Male Color or Race White Birthplace Frostburg Md.

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Lillie M. Rosenberg

Father's Name Jacob Minnick Father's Birthplace Va.

Mother's Maiden Name Lillie M. Minnick Mother's Birthplace Va.

Name of person giving Information Lillie M. Minnick How related to deceased Wife

CAUSES OF DEATH

92

Primary Asthma How long Several Years

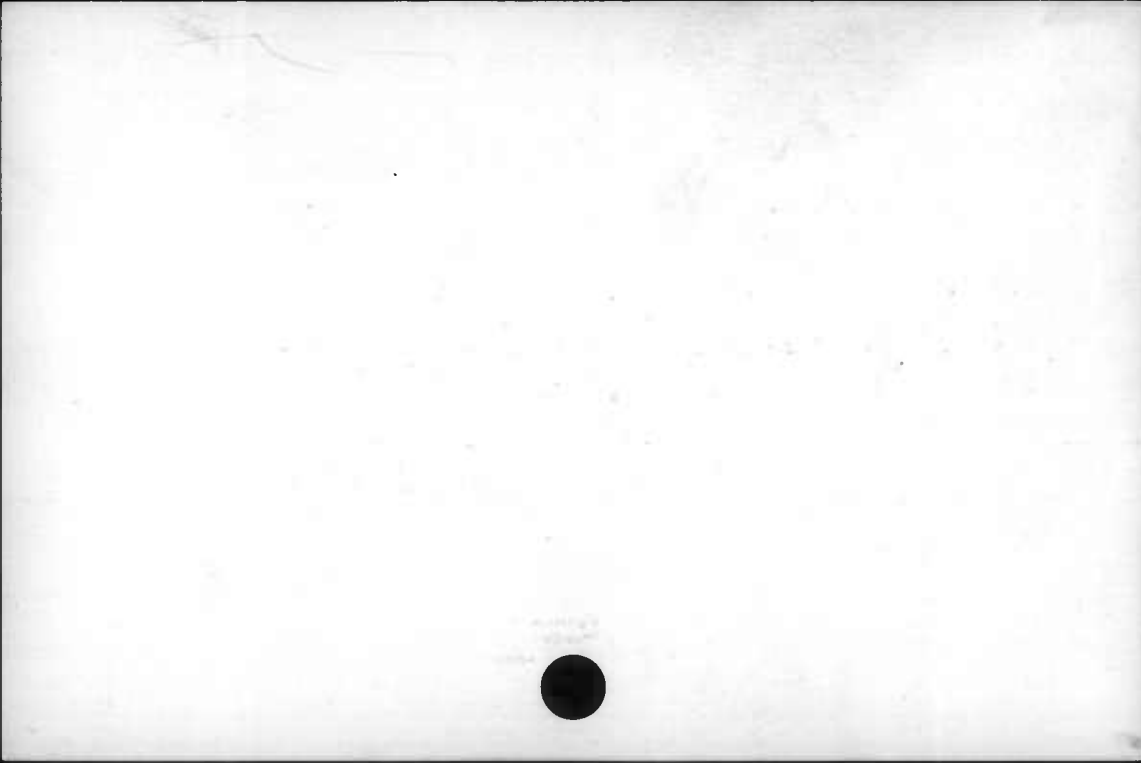
Immediate Pneumonia How long 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Sub Floyd Crouse Signature of Physician J. L. Crouse Address Frostburg Md.

Accident or Suicide Tinsel Md.

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Still Borne Town *Garrett* County *P' Haver*
Died at *Kitzmiller*
Date of death 19*40* Month *3* Day *27* Age *Still borne* Years Months Days
Sex *male* Color or Race *White* Birth-place *Kitzmiller Md*
Occupation _____ Where Residing if not at place of death _____

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

Mrs Cora Runner

CERTIFICATE OF DEATH

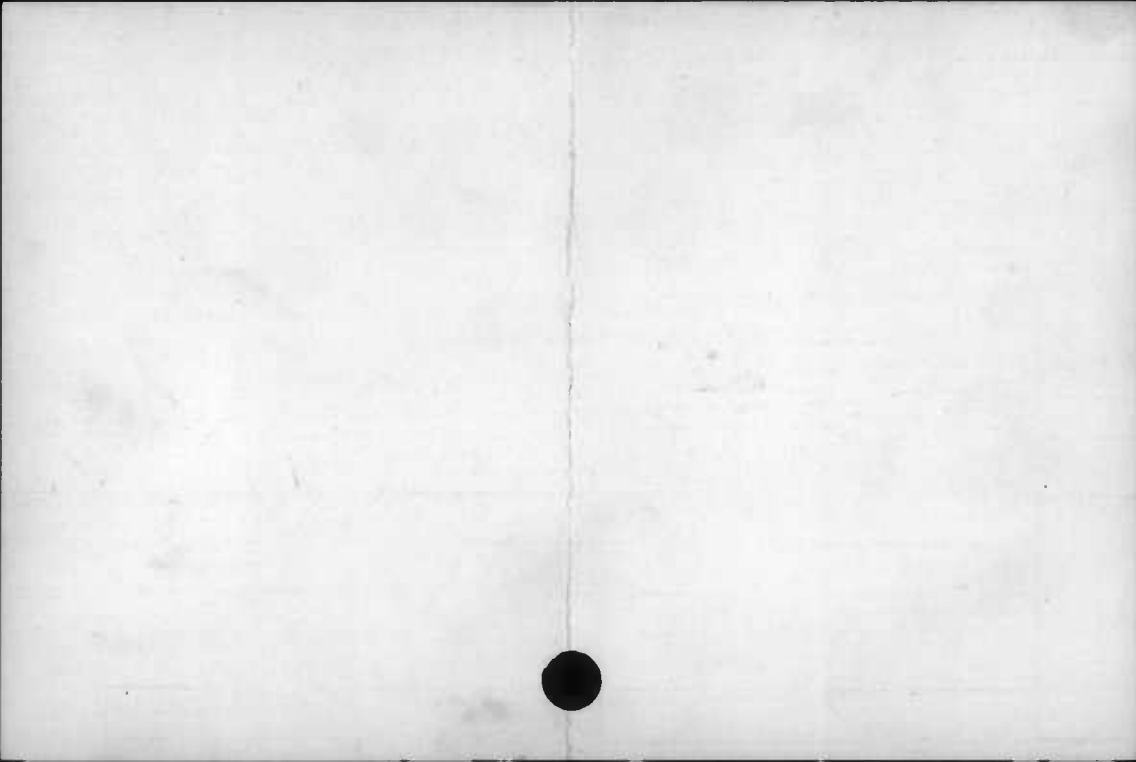
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dear Oakland</i>		Town <i>Dear Oakland</i>		County <i>Gorrie</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>Mar</i>	Day <i>16</i>	Age <i>26</i>	Years <i>26</i>	Months <i>5</i>	Days <i>27</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>WV</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widowed</i>			Name of Wife or Husband <i>Woot Runner</i>				
Father's Name <i>—</i>					Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>					Mother's Birthplace <i>—</i>		
Name of person giving information <i>Mrs C. F. Hotcheltz</i>					How related to deceased <i>No relation</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 1/2 yrs</i>
Immediate <i>Pulmonary Haemorrhage</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. C. Hinebaugh</i>
<i>Letting</i>	Address <i>Oakland Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Baby Seaman

Died at *Kitzmiller* Town *Garrett* County

Date of death *1910* Month *3* Day *11* Age *Infant* Years Months Days

Sex *male* Color or Race *white* Birth-place *MD*

Occupation *3* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Jacob Seaman* Father's Birthplace *MD*

Mother's Maiden Name *Nugene Moon* Mother's Birthplace *W. Va*

Name of person giving information *H. P. Copeland* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still born

How long

Immediate

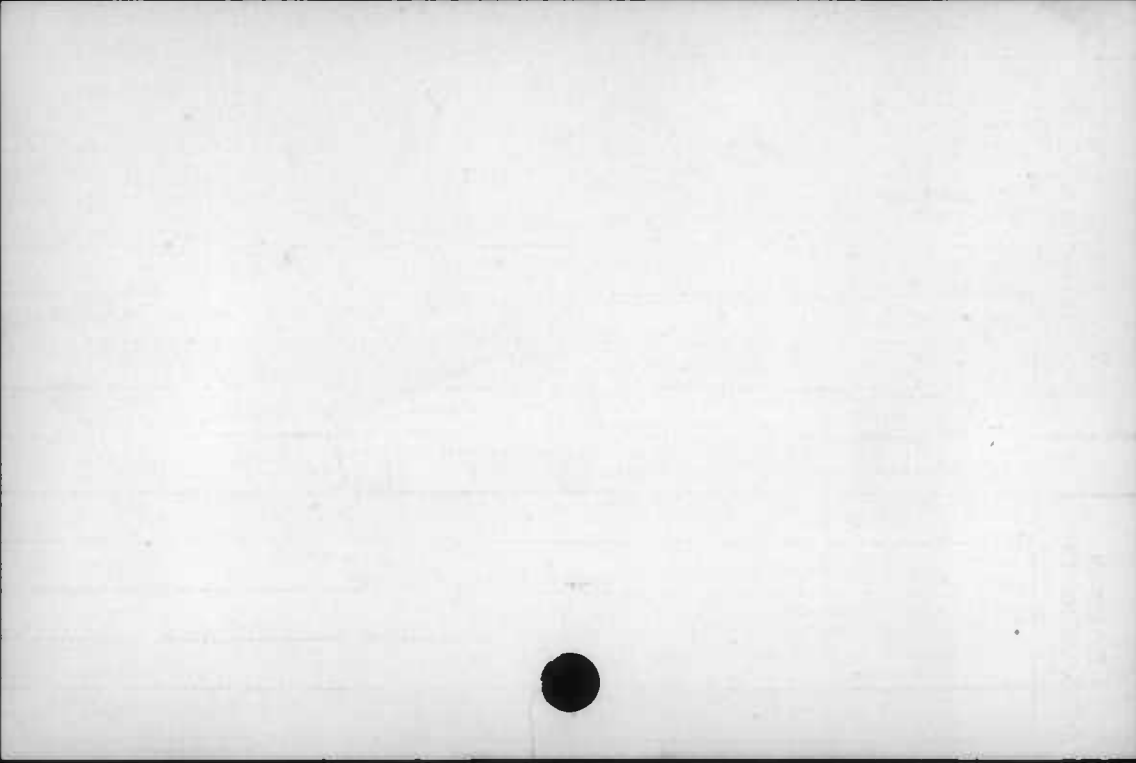
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Mary V. Spiker,
Town

County

MARYLAND

Died at Altamont

Garrett

Date

Month

Day

Years

Months

Days

of death 1910 March

22

Age 63

2

22

Sex Female

Color or
Race White,Birth-
place Virginia,

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Benjamin. Spiker,

Father's
Name

Mr, Rine

Father's
Birthplace

Virginia

Mother's
Maiden Name

Dont Know

Mother's
Birthplace

Virginia,

Name of person giving
Information

Jessee. Woods,

How related
to deceased

Grandson,

CAUSES OF DEATH

Primary

Pneumonia

How long

Ten days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

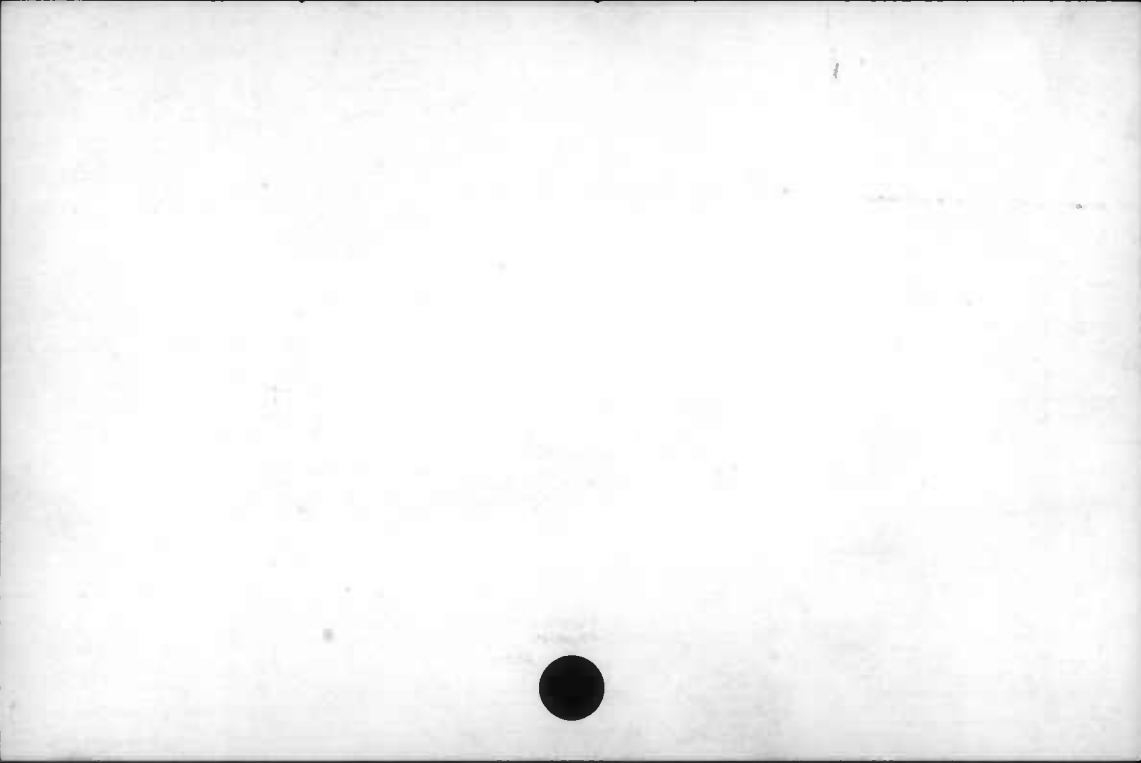
Signature of
Physician

Address

J. W. Langheim M.D.
Deer Park Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Swanton* Town *Garrett* County *MARYLAND*
Date of death *1900* Month *March* Day *Wednesday* Age *Half hour* Years Months Days
Sex *Female* Color or Race *White* Birth-place *Swanton*
Occupation _____ Where Residing if not at place of death _____

Married; Single ☒ or ~~Widowed~~ Name of Wife or Husband _____
Father's Name *John Columbus Switzer.* Father's Birthplace *Accident*
Mother's Maiden Name *Orma Agnes Bowser.* Mother's Birthplace *Negro MONTGOMERY*
Name of person giving Information *John C. Switzer.* How related to deceased *Father.*

CAUSES OF DEATH

Primary *Smothered.* How long *1899*
Immediate *Fairall* How long _____

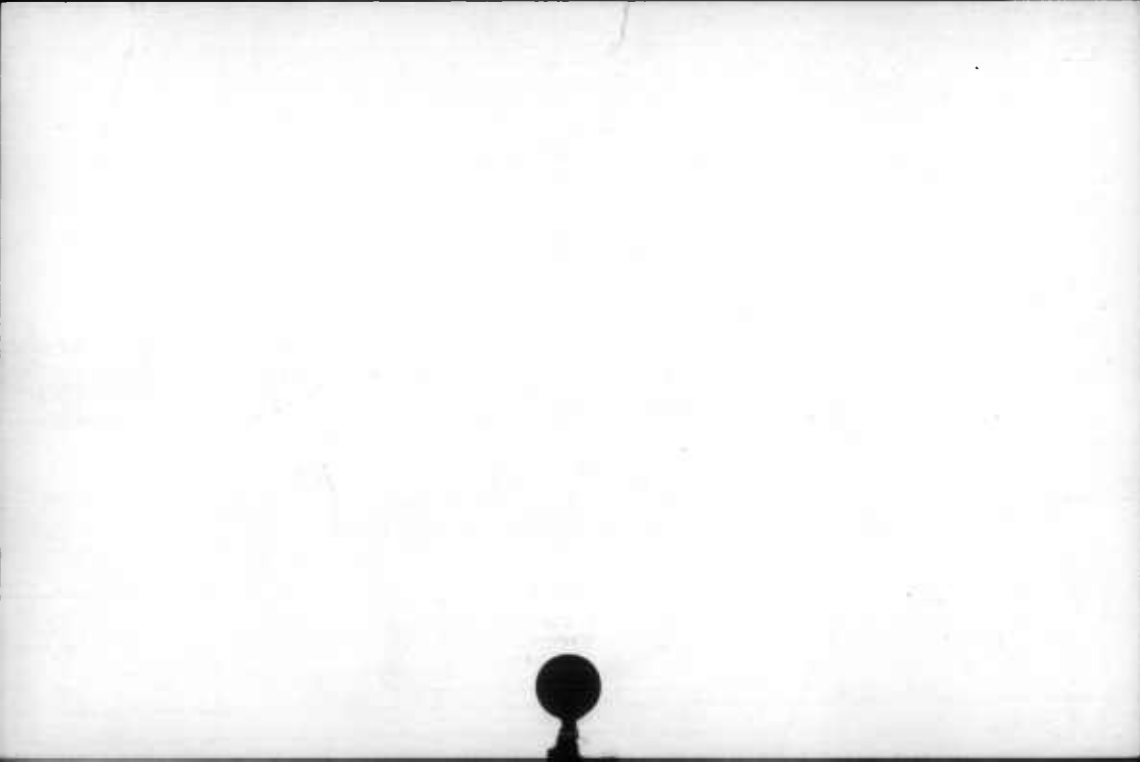
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident ☒ Suicide ☐ *Yes*

D^r Karlbaugh
Died mont
W.Va.



Name
in
Full

Rosa Volcan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hodson ^{Town} Barrett ^{County}

Date of death 1910 Mar. ^{Month} 6 ^{Day} — ^{Years} 5 ^{Months} 8 ^{Days}

Sex Female Color or Race White Birth-place Hodson W.V.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed —Name of Wife or Husband —Father's Name John VolcanFather's Birthplace AustriaMother's Maiden Name Rosa TerresianMother's Birthplace AustriaName of parson giving information Frank UdofiveHow related to deceased No relation

CAUSES OF DEATH

61

PHYSICIAN
OR CORONERPrimary Cerebro-Spinal MeningitisHow long —Immediate —How long —

Are the name, age, sex, color, date and place correctly given above?

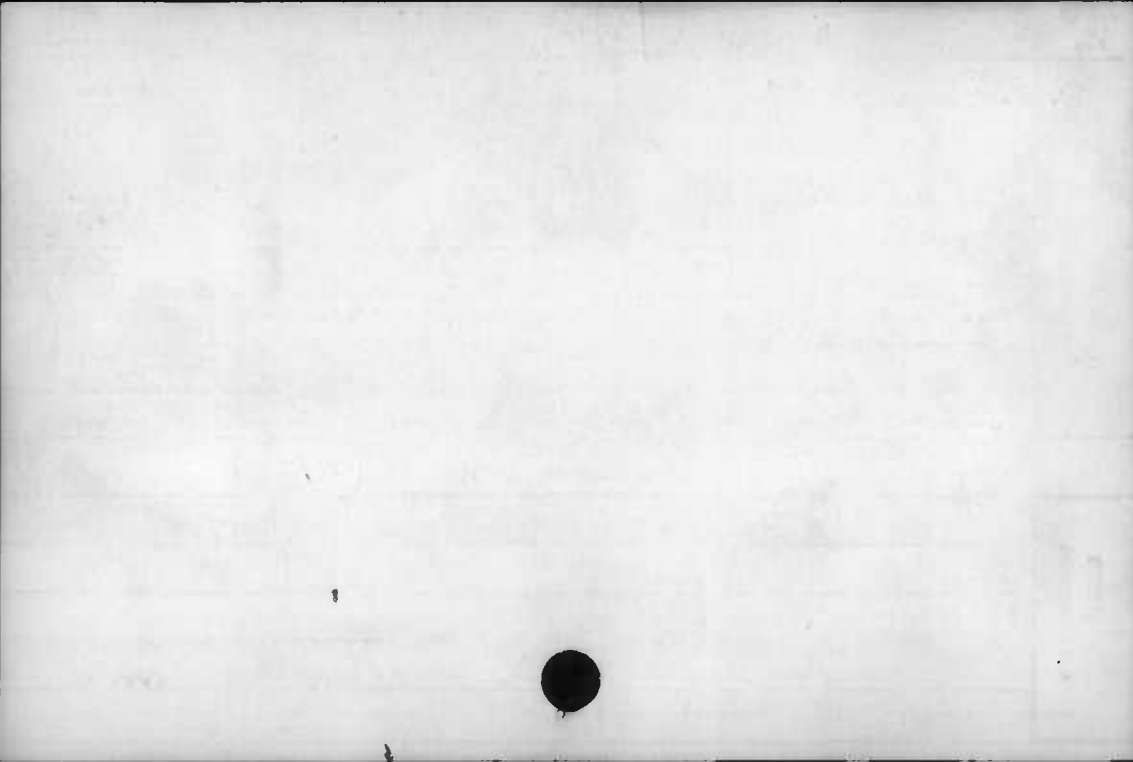
Yes

Signature of Physician

Eugene L. Fitzgerald
Fitzwiller, W.V.

Address

Accident or Suicide?



Name
in
Full

Laura Hampler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Jennings</i>		County <i>Garrett</i>		MARYLAND	
Date of death	19/10	Month <i>Feb</i>	Day <i>27</i>	Age	Years —	Months <i>1</i>	Days <i>14</i>
Sex	<i>Female</i>		Color of Race	<i>white</i>		Birth-place	<i>Jennings</i>
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband —			
Father's Name		<i>Wm Hampler</i>				Father's Birthplace <i>Virginia</i>	
Mother's Maiden Name		<i>Mollie Dishong</i>				Mother's Birthplace <i>Pa.</i>	
Name of person giving information		<i>J. E. Upole</i>				How related to deceased <i>None</i>	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Small 2nd undeveloped</i>	How long	<i>6 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>None in attendance</i>	
		Address	
		<i>J W Miller</i>	
Accident or Suicide?		<i>such registration</i>	
<i>No</i>			

